DEP.	HIMENI			HEALTH AND WELL	FARE, , ,				~~!2	CO. COO	<u>жто</u>
DO NOT WRITE ON THIS STUB	AMEN	DED	.	egistration District No	149 P	rimary Registratio	on District No / 0 0	Registrar's N	······································	S STATE FILE	NUMBER
ON INIS SIGE			╌┎╌	PLACE OF DEATH	1903		·	2. USUAL RESID	ENCE (Where decease	ed lived. If institution	n: Residence before
VS 300	e		ŀ	JACKS	ON.			a. STATEMIS		JACKSON	admission)
Rev. 4/59	<u> 2</u>			b. CITY (If outside corpo OR		NSHIP only)	Length of stay in 1b	c. CITY OR			Inside Limits
,	AMENDED		I _	TOWN KANSAS			unknown	_1	ANSAS CITY		Yes 🛣 No 🗆
1			1	c. FULL NAME OF (IF NO HOSPITAL OR INSTITUTION OTT	IT in hospital, give lo	cation)	Inside Limits	d. STREET ADDRESS	· ·	itside, give location)	Reside on Farm
23408	28	- -	I -	INSTITUTION QU	EEN OF THE	WORLD	Yes 🕅 No 🛘	<u> </u>	3025 Wabash	<u> </u>	Yes No X
3			1	NAME OF DECEASED (Type or print)	First		Middle	Lest	4. DATE OF	Month Day	Year
			1_	/ App. or british	HARRY	S	JACK	SON	DEATH	7 - 8-63	
<u>" "L</u>	111			5. SEX 6	. COLOR OR RACE	7. Married			H 9. AGE (last birt	thday) IF UNDER 1 YE Months Day	
5 2	.		I _	male	Negro	Widowed			26 54		i
6	ااار	11	l "	a. USUAL OCCUPATION (Gi during most of working i		e 106. KIND OI	F BUSINESS OR INDUST	RY II. BIRTHPLAC	ECLY and state or con ALABAMA	USA	OF WHAT COUNTRY
	}		I -,	unknown	•	1135 /	MOTHER'S MAIDEN NA	 wf		AE OF HUSBAND OR WI	
7 /	하니					135.7	unknow		_	cnown	IFE
8 2.	χ.	1	1	<u>unknown</u> 5. was deceased ever in	U.S. ARMED FORCE	52 16 5	SOCIAL SECURITY NO.	17. INFORMANT	4111	Address	
	 			es, no, or unknown) (If yes			169	Elmer	Stewart 41	LOO Agnes	
-	# W		_	18. CAUSE OF DEATH (En	nter only one cause p	er line for (a), (b		, <u></u>			INTERVAL BETWEEN
10	الياو	7		PARI I. DI	EATH WAS CAUSED E		HSTATIC	CAPCIA	Inma W	ITH	ONSET AND DEATH
11	8 0	OCHWEN		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	W ILLANI	TIOLITIC.	<u> </u>			
10 4 2 3	뿔[살]										Sumptom
126 241				Conditions,	if any,) DUE TO	(b) <u>L/V</u>	ER NODUL	(£5 S	USPECTE	70	Symptom
	呈일			which gave above cau	se (a),	_	ER NODUL		_	70	Symptom
				which gave above cau stating the lying caus	se (a), under- e last. DUE TO	PRII	MARY IN	STOMI	acH		
13	ON THIS		NOI	which gave above cau stating the lying caus PART II. C	se (a), under- e last. DUE TO	(e) PRII		STOMI	acH	PART III. If deceased	d was female wa
13	NO S		NOIL	which gave above cau stating the lying cause PART II. C	se (a), under- n last. DUE TO OTHER SIGNIFICANT lisease condition give	CONDITIONS CONDITIONS CONDITIONS	MARY IN	STOM/	acH	PART III. If deceased there a preg	d was female wa nancy in last 90 days
13	NO S		NOIL	which gave above cau stating the lying caus. PART II. Co. GE Blacking 19. WAS AUTOPSY 20 PERFORMED? 20	se (a), under- n last. DUE TO OTHER SIGNIFICANT lisease condition give	CONDITIONS CONTINUES CONTI	MARY IN ONTRIBUTING TO DEA	STOM	9CH to the terminal	PART III. If deceased there a preg	d was female wa nancy in last 90 days
13	NO S		CERTIFICATION	which gave above causating the lying causa PART II. Co	se (a), under DUE TO DIE TO DI	CONDITIONS CONTINUES OF THE PART I (a)	MARY IN ONTRIBUTING TO DEA	STOM	9CH to the terminal	PART III. If deceased there a preg	d was female was nancy in last 90 days
13	<u>-</u>		CAL CERTIFICATION	which gave above cau stating the lying caus. PART II. Co. GI Blacking 19. WAS AUTOPSY PERFORMED? YES NO ID. 20. TIMURY 8.m.	se (a), under- younder- younde	CONDITIONS CONTINUES OF THE PART I (a)	MARY IN ONTRIBUTING TO DEA	STOM	9CH to the terminal	PART III. If deceased there a preg	d was female was nancy in last 90 days
13	NO S		CERTIFICATION	which gave above cau stating the lying caus. PART II. C GI Blacking 19. WAS AUTOPSY 20 PERFORMED? YES NO III 20c. TIME OF Hour INJURY 9.m. 20d. INJURY OCCURRED	DUE TO DUE TO DUE TO THER SIGNIFICANT disease condition give to ACCIDENT SUICE Month, Day, Year	CONDITIONS CONDITIONS CON PART I (a)	ONTRIBUTING TO DEA	STOM	to the terminal	PART III. If deceased there a preg	d was female was nancy in last 90 days
LINK RIBBON	NO S		CAL CERTIFICATION	which gave above cau stating the lying caus. PART II. Co. GI Blacking 19. WAS AUTOPSY PERFORMED? YES NO ID. 20. TIMURY 8.m.	DUE TO DUE TO DUE TO THER SIGNIFICANT disease condition give to ACCIDENT SUICE Month, Day, Year	CONDITIONS CONDITIONS CON PART I (a)	ONTRIBUTING TO DEA	TH but not related DW INJURY OCCURR	to the terminal	PART III. If deceased there a preg	d was female wa nancy in last 90 days No Unknown Il of item 18.)
LINK RIBBON	AMENDMENTS ON T		MEDICAL CERTIFICATION	which gave above cau stating the lying caus. PART II. Co. GE Blacking 19. WAS AUTOPSY PERFORMED? YES NO ID. 20c. TIME OF Hour P.M. P.M. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK WORK WORK WORK WORK WORK WORK WORK	Month, Day, Year 20e. PLAK	CONDITIONS CONDITIONS CON PART I (a)	ONTRIBUTING TO DEA	STOMA TH but not related DW INJURY OCCURR 20f. CITY, TOWN,	to the terminal ED. (Enter nature of in	PART III. If decessed there a preg	d was female was nancy in last 90 days No Unknows Il of item 18.)
LINK RIBBON	AMENDMENTS ON T		MEDICAL CERTIFICATION	which gave above cau stating the lying caus stating the lying caus. PART II. Co. GI Blacking 19. WAS AUTOPSY 20 PERFORMED? YES NO ID. 20c. TIME OF Hour INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORL 21. I attended the decast	Month, Day, Year 20e. PLAK	CONDITIONS CONDITIONS CON PART I (a)	ONTRIBUTING TO DEA ICE, Edense 20b. DESCRIBE HO g., in or about hame, office bldg., etc.)	STOMA TH but not related W INJURY OCCURR 201. CITY, TOWN,	to the terminal ED. (Enter nature of in	PART III. If deceased there a preg	d was female was nency in last 90 days No Unknown II of item 18.)
LINK RIBBON	AMENDMENTS ON T		tarke MEDICAL CERTIFICATION	which gave above cau above cau stating the lying caus. PART II. Co. GE Blacking 19. WAS AUTOPSY PERFORMED? YES NO ID WILL AT WO! 20c. TIME OF Hour INJURY OCCURRED WHILE AT WO! 21. I attended the decast Death occurred at	se (a), under DUE TO DIE TO DI	CE OF INJURY (e.g., factory, street,	ONTRIBUTING TO DEA ICE, Edense 20b. DESCRIBE HO g., in or about hame, office bldg., etc.)	STOMA TH but not related W INJURY OCCURR 201. CITY, TOWN,	to the terminal ED. (Enter nature of in	PART III. If deceased there a preg	i was female wannency in last 90 days No Unknown Il of item 18.) STATE
LINK RIBBON	AMENDMENTS ON T		Starke MEDICAL CERTIFICATION	which gave above cau stating the lying caus stating the lying caus. PART II. Co. GI Blacking 19. WAS AUTOPSY 20 PERFORMED? YES NO ID. 20c. TIME OF Hour INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORL 21. I attended the decast	se (a), under DUE TO DIE TO DI	CONDITIONS CONDITIONS CON PART I (a)	ONTRIBUTING TO DEA ICE, Edense 20b. DESCRIBE HO g., in or about hame, office bldg., etc.)	TH but not related OW INJURY OCCURR 20f. CITY, TOWN, -8-63 he date stated above	to the terminal ED. (Enter nature of in	PART III. If deceased there a preg	I was female was nancy in last 90 days No Unknown II of item 18.) STATE
BLACK INK OR RITER RIBBON	AMENDA ON T		Starke MEDICAL CERTIFICATION	which gave above cau stating the lying causing causing causing the lying causing the	se (a), under DUE TO DIE TO DI	CE OF INJURY (e., factory, atreet,	ONTRIBUTING TO DEA ICE, Edense 20b. DESCRIBE HO g., in or about hame, office bldg., etc.)	STOMA TH but not related DW INJURY OCCURR 20f. CITY, TOWN, -8-63 he date stated above 22b. ADDRESS 3210 £	to the terminal ED. (Enter nature of in OR LOCATION and last saw him alive e, and to the best of n	PART III. If decessed there a preg	i was female wannency in last 90 days No Unknown Il of item 18.) STATE
LINK RIBBON	AMENDA ON T		Starke MEDICAL CERTIFICATION	which gave above causating the lying causa stating the lying causa PART II. Consider the lying causa PART III. Consider the lying causa PART II. Consider the lying causa PART III. C	Month, Day, Year 20e. PLAG RK 20e. PLAG farm GLANARIA, GLANARIA, GLANARIA,	CE OF INJURY (e., factory, street,	ONTRIBUTING TO DEA ICE, Edens 20b. DESCRIBE HO g., in or about hame, office bldg., etc.) m on to the control of the contro	STOMA TH but not related DW INJURY OCCURR 20f. CITY, TOWN, 8-63 he date stated above 22b. ADDRESS 3210 £ EMATORY	to the terminal ED. (Enter nature of in OR LOCATION and last saw him alive a, and to the best of m 23 St, Ko 23d. LOCATION (Cit Yan	PART III. If decessed there a preg	I was female wathancy in last 90 days No Unknown II of item 18.) STATE Causes stated. 22c. DATE SIGNED
LINK RIBBON	NO. SHOULD READ	AEEDAVIT OF D	Helen Starke MEDICAL CERTIFICATION	which gave above cau above cau stating the lying caus. PART II. Co. GE Blacking 19. WAS AUTOPSY PERFORMED? YES NO ID 20c. TIME OF Hour INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT WOI 21. I attended the decast Death occurred at 22a. SIGNATURE 22b. SIGNATURE 22c. SIGNATURE 24. SIGNATURE 25. SIGNATURE 26. BURIAL (Specify) 4. FUNERAL DIRECTOR	Month, Day, Year 20e. PLAC PSed from 9 15 2 20e. PLAC ACCIDENT 20e. PLAC 15 2 20e. PLAC 23b. DATE 27 -/ 3 . 6	CE OF INJURY (e., factory, street, pegres or title) 23c NAM	ONTRIBUTING TO DEA ICE, Edemo 20b. DESCRIBE HO g., in or about hame, office bidg., etc.) AE OF CEMETERY OR CE 25. DA	STOMA TH but not related DW INJURY OCCURR 20f. CITY, TOWN, 8-63 he date stated above 22b. ADDRESS 3210 £ EMATORY	to the terminal ED. (Enter nature of in OR LOCATION and last saw him alive a, and to the best of m 23 St, Ko 23d. LOCATION (Cit Yan	PART III. If decessed there a preg	I was female warnancy in last 90 days No Unknown II of item 18.) STATE Causes stated. 122c. DATE SIGNED
LINK RIBBON	AMENDA ON T		Helen Starke MEDICAL CERTIFICATION	which gave above causaling the lying causaling	Month, Day, Year 20e. PLAC PSed from 9 15 2 20e. PLAC ACCIDENT 20e. PLAC 15 2 20e. PLAC 23b. DATE 27 -/ 3 . 6	CE OF INJURY (e., factory, street, pegres or title) 23c NAM	ONTRIBUTING TO DEA ICE, Edemo 20b. DESCRIBE HO g., in or about hame, office bidg., etc.) AE OF CEMETERY OR CE 25. DA	STOMA TH but not related DW INJURY OCCURR 20f. CITY, TOWN, 8-63 he date stated above 22b. ADDRESS 3210 £ EMATORY	to the terminal ED. (Enter nature of in OR LOCATION and last saw him alive a, and to the best of m 23 St, Ko 23d. LOCATION (Cit Yan	PART III. If decessed there a preg PYes County COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	I was female warnancy in last 90 days No Unknown II of item 18.) STATE Causes stated. 122c. DATE SIGNED

STATEMENT BY LICENSED EMBALMER

.. 11.

or by		<u>.</u>	<u> </u>	, Student	Embalmer No
		•			
working under my personal supervision.	1			٦	k /
itudent.	,	Signed	Bruce	L. K.	Wilken
Signature of Student Embalmer		- J. J		·	•
	, **		` Lice	ensed Eml	balmer No. 4リーン U
	•			4	Section S
			P. (D. Addres	is 10 W 9 Elne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.